

FOR CITY STAFF USE ONLY

Date Received:Received By:

Violation Complaint File Number: VIO- -

Notes:

Please complete this form with as much detail as possible, using additional pages as necessary. Please return this form to the above-listed address.

Today’s Date: Date Problem First Noticed:

Name and Location of Problem:

Person/Business Causing the Problem:

Address/Location Where Problem is Occurring:

Name and Address of Property Owner (if known):

Property Owner:

Owner’s Address:

Is this the first time you have filed a complaint regarding this problem at this location? Yes No

Description of the Problem: (Please be as descriptive as possible)

Complainant:

Name:

Address:

Phone Number:

Email: